

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE		
							APPLICANT(S)			
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT					
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
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57								108	1	
58								109	1	
59								110	1	
60								111	3	
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98									1	
99									1	
100									1	
TOTAL IND.								1		5
TOTAL DEP.								32		21
TOTAL CLAIMS								33		26